

DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES



BRIAN SCHWEITZER
GOVERNOR

JOAN MILES
DIRECTOR

STATE OF MONTANA

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PO Box 4210
HELENA, MT 59604-4210

June 27, 2008

Kathleen Farrell, Acting Director
Family and Children's Health Programs Group
CMSO Centers for Medicaid & Medicaid Services
7500 Security Boulevard, MS S2-01-16
Baltimore, MD 21244-1850

Dear Ms. Farrell:

Montana Medicaid is pleased to submit our Section 1115 Family Planning Waiver for Montana Plan First. Governor Brian Schweitzer designated the Department of Public Health and Human Services (DPHHS) to develop the waiver expanding family planning services to Montana women.

Following are highlights of Montana Plan First:

- **Target population:** Women ages 14 through 44 living at or below 185 percent of the federal poverty level who have no health care coverage for family planning services.
- **Eligibility process:** Income will be self-reported, no asset test will be applied, and eligibility will be redetermined annually. Applicants will supply proof of U.S. citizenship.
- **Covered services:** Family planning related services only will be covered. Services include contraceptive supplies, office visits, laboratory services, and testing and treatment of STDs.
- **Providers:** All providers who wish to render family planning services and who are enrolled Medicaid providers may participate. Reimbursement will be made on a fee-for-service basis.
- **Outcomes:** The family planning waiver will decrease the number of births by 1.5 percent per 1,000 participants by the second year of the waiver. Cost savings over the 5 year life of the waiver will be \$5.5 million in total funds.

We appreciate assistance we received from CMS staff members as we developed the waiver document, especially Mary Marchioni and Meredith Robertson. We look forward to working with CMS to implement Montana Plan First. Please direct comments and questions to Mary Noel, Chief, Medicaid Managed Care Bureau, manoel@mt.gov, or 444-4146.

Sincerely,

A handwritten signature in blue ink, appearing to read "John Chappuis".

John Chappuis
State Medicaid Director

C: Mary Dalton
Jane Smiley
Mary Noel
Jo Ann Dotson

Application Template for Family Planning § 1115 Demonstration


State Montana

Department Department of Public Health and Human Services

Name of Demonstration Program Montana Plan First

Date Proposal Submitted June 27, 2008

Projected Date of Implementation July 1, 2009

Authorizing Signature & Title 
John Chappuis, State Medicaid Director

Primary Family Planning Program Contact:

Name Mary Noel

Title Chief, Medicaid Managed Care Bureau

Phone Number 406-444-4146

Email Address manoel@mt.gov

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The State of **Montana**, **Department of Public Health and Human Services**, proposes a Section 1115 Family Planning demonstration entitled **Montana Plan First**, which will increase the number of individuals receiving family planning services.

Date Proposal Submitted: June 27, 2008

Projected Date of Implementation: July 1, 2009

I. Enrollment Projections and Goals

The **Montana Plan First** (program name) will provide family planning services to an estimated **4,000** residents of the State of **Montana** over the life of the demonstration. Specifically, the State estimates that it will cover the following number of enrollees for each demonstration year (please break the number down into women and men, if the State is proposing to cover both). Renewal States should use the first three demonstration year lines to represent each year of the proposed renewal period:

Demonstration Year 1 **1,500 women**
Demonstration Year 2: **4,000 women**
Demonstration Year 3: **4,000 women**
Demonstration Year 4: **4,000 women**
Demonstration Year 5: **4,000 women**

Please describe the goals of the demonstration.

Goal 1. Improve access to and use of family planning services among women in the target population.

Goal 2: Reduce number of unintended pregnancies for Montana women ages 14 through 44 who live at or below 185 percent FPL.

Goal 3. Improve birth outcomes and women's health by increasing the child spacing interval among women in the target population.

II. Family Planning Demonstration Standard Features

Please provide an assurance that the following requirements will be met by this demonstration, and include the signature of the authorizing official.

☒ The Family Planning demonstration will be subject to Special Terms and Conditions (STCs).

Date _____

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Expiration Date _____

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The core set of STCs is included in the application package. Depending upon the design of the State's family planning demonstration, additional STCs may apply.

- ☒ The State has utilized a public process to allow interested stakeholders to comment on its proposed family planning demonstration.
- ☒ Family Planning demonstrations are intended to provide family planning services to low-income men and women who would not otherwise have access to services for averting pregnancy. Eligible individuals are those who are uninsured, are not enrolled in Medicare, Medicaid, the State Children's Health Insurance Program (SCHIP), or who do not have creditable health insurance coverage.

Signature:


John Chappuis

Title:

Montana State Medicaid Director

III. Eligibility

A. Eligible Populations

Please indicate with check marks the populations which the State is proposing to include in the family planning demonstration, and fill in the age, sex and income information where appropriate. Note that these demonstrations are intended to cover uninsured, low-income individuals with incomes no higher than 200 percent of the Federal poverty level (FPL).

- ☒ Women losing Medicaid pregnancy coverage at the conclusion of 60 days postpartum.

12 months: Period for which individuals would have coverage

- ☒ Individuals losing Medicaid coverage with gross income up to and including 185 % FPL.

☐ Men ☒ Women

- ☒ Individuals losing SCHIP coverage with gross income up to and including 185 % FPL.

☐ Men ☒ Women

- ☒ Uninsured individuals eligible based solely on income, with gross income from 33 % FPL up to and including 185 % FPL.

☐ Men , Ages _____

☒ Women, Ages 14 through 44

Date _____

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Expiration Date _____

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A. Initial Eligibility Process

1. **Please describe the initial eligibility process. Please note any differences in the eligibility process for different groups:**

The eligibility process will be the same for all groups. Individuals will submit applications to service providers or by mail or online to a central location with Medicaid. If determined eligible, the date eligibility begins will be the first day of the month during which the individual's application is received by Medicaid. For example, if a woman submits her application to her family planning provider on October 25 Medicaid receives the application on October 27, and the applicant is subsequently found by Medicaid to be eligible for Montana Plan First services, her eligibility would be effective October 1.

Regardless of the location to which the application is submitted, the application will be processed by Medicaid at a central location. A review of the application will determine if additional information is needed from the applicant or if the applicant may be eligible for full or basic Medicaid or CHIP. The review will ensure the applicant meets the eligibility criteria for the waiver:

- Not enrolled in Medicaid or CHIP
- US citizen or qualified alien
- Montana resident
- Female
- Countable income of 185 percent FPL or less
- Age 14 through 44
- No other family planning health coverage

There will be no asset or resource test for this waiver.

An eligibility system currently used by two state programs, CHIP and Big Sky Rx, will be used for eligibility determination. The system, known as KIDS, is designed to reduce human error by taking information as entered and using precise algorithms to determine a person's eligibility. A new module for the system will be developed to determine eligibility for Plan First.

The eligibility system will authorize eligibility for Plan First in the appropriate category, program, and waiver code. The data will be matched daily with individuals in the TEAMS Medicaid eligibility system to ensure waiver eligible individuals are not enrolled in Medicaid. The eligibility system is also used for CHIP; therefore, the person entering information into the system will know immediately if the applicant is enrolled in CHIP. If so, the applicant will be determined ineligible for Plan First.

Women determined eligible for Plan First will receive a letter from Medicaid verifying eligibility and will receive an identification card specific to the family planning waiver. The individual will

Application Template for Family Planning § 1115 Demonstration

also receive a brochure describing covered services and how to access services. Women who apply for Plan First may choose to receive correspondence by alternate means, such as email, and will have the option to choose not to receive an ID card.

Outreach for Montana Plan First will be provided using the following strategies:

- Outreach to postpartum women and recipients of other public programs (food stamps, WIC, parents of children enrolled in CHIP)
- Targeted outreach to high risk women
- Education to case managers and care managers in community based settings
- Culturally and linguistically tailored outreach materials
- Community based centers and events
- Provider recruitment (bulletins, web portal, provider associations)
- Provider training (in-person, video conferencing, webinars)

2. **Will the State use an automatic eligibility process for any of the groups described under III (A)?** (e.g. Will the State automatically enroll women losing Medicaid after 60 days postpartum?)

- ☒ Yes
☐ No

If only for certain groups, please describe which groups. The State will automatically enroll women losing Medicaid 60 days postpartum.

If yes, please describe the process for auto-enrollment, including (1) any information verification processes; (2) the process for notifying enrollees of their change in program eligibility; and (3) the timeframe for automatic eligibility.

(1) Information verification processes: Before women lose Medicaid due to being 60 days postpartum, Plan First will notify the women they are enrolled in Plan First and will provide information from their last eligibility determination. Women will be requested to correct information if necessary, sign the document, and return it to Plan First. (2) Process to notify enrollees of their change in program eligibility: Information will be included in step 1 above that clarifies the program in which the women are being enrolled, the benefits of the program, and how to access the services. (3) Time frame for automatic eligibility: 30 days before women lose Medicaid eligibility, they will be notified they are automatically eligible for Plan First.

Providers and provider staff will be trained to inform women losing Medicaid about the Plan First program.

3. ☒ **Please assure (with a check mark) that the State will not enroll individuals who are enrolled in Medicare, Medicaid, the State Children's Health Insurance Program (CHIP), have private insurance, pregnant or unable to become pregnant.**

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4. Where is the initial application accepted?

- ☒ Medicaid eligibility sites
- ☒ County health department/ local health agency
- ☒ Provider
- ☒ Mail-In
- ☒ On-line
- ☐ Other (Please specify.)

5. Is the application for family planning simplified or the same as full Medicaid? Please attach a copy of the application.

- ☒ Simplified
- ☐ Same as full Medicaid

A draft application is included as Attachment F.

6. Is point-of-service eligibility granted?

- ☐ Yes
- ☒ No

If yes, please describe the process, including: the entity or entities that will make the point-of-service determination; the services available at initial eligibility determination; how the final eligibility determination is made by the State; how the information is verified; and what information the State receives to make a final eligibility determination.

7. ☒ Please assure (with a check mark) that the State uses gross income prior to applying any income disregards.

8. What income disregards does the State use? Please indicate any differences by eligibility group or age.

Income disregards:

- The first \$120 of each person's earned income (work expense)
- Child or adult dependent care paid, up to \$200 per dependent per month
- Child support paid by applicant or her husband

Income disregards are the same for all groups.

9. Are these income disregards the same as the disregards used in the Medicaid State Plan?

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- ☒ Yes—the same as the disregards for the Family Medicaid eligibility category
☐ No

If no, please describe how income disregards differ from the Medicaid State Plan.

10. **What elements and verification must be provided in the initial application process? For those elements that are required, please check a box indicating whether the State allows self-declaration or requires documentation. Please also indicate whether there are differences by eligibility group or age.**

a. Proof of Income:

- ☒ Self-declaration

Ten percent of applicants enrolled will be randomly selected for a quality assurance audit. These applicants will be asked to submit proof of income, for example, pay stubs for the previous month, within 30 days of the request. Applicants who do not produce the requested documents will be disenrolled from Plan First. There are no differences in this requirement by age group.

- ☐ Documentation required

- What documents are sufficient to document income?
- When are documents required?
- Are there differences by eligibility group or age?

- ☐ Income Verification and Eligibility System (IEVS)

b. Proof of Resources: No resource test for Montana Plan First

- ☐ Self-declaration

- ☐ Documentation required

- What documents are sufficient to document resources?
 - No resource test for waiver services.
- When are documents required?
- Are there differences by eligibility group or age?

c. Social Security Number:

- ☒ Please assure (with a check mark) that the State requires a Social Security Number (SSN) for all family planning demonstration enrollees.

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☒ Documentation required

- What documents are sufficient to document SSN?
SSNs are verified through daily interface with the Social Security Administration. If the Social Security Administration does not verify the SSN, a copy of the applicant's Social Security Card will be requested.
- When are documents required?
Within 30 days of Medicaid's request.
- Are there differences by eligibility group or age?
No

d. Citizenship Status:

☒ Please assure (with a check mark) that the State is in compliance with the citizenship documentation requirements of the Deficit Reduction Act in its Medicaid State Plan and will require (or continue to require for renewals) the same documentation under the family planning demonstration.

11. What entity is responsible for determining final eligibility for the demonstration?

- ☒ State agency
☐ County Agency

B. Eligibility Redetermination Process

1. ☒ Please assure (with a check mark) that the State will conduct an eligibility redetermination at a minimum of every 12 months.
2. Is the eligibility redetermination process identical to the initial eligibility process?
☐ Yes – This section is now complete. Please go to Section III: Program Integrity.
☒ No – Please complete question number 3 below.
3. Please describe the eligibility redetermination process. Please note any differences in the eligibility process for different groups and whether the information and verification requirements differ from the initial application. Note: the process for eligibility redeterminations are not passive in nature, but will require an action by the family planning program recipient in order to continue eligibility. For example, the State may satisfy this requirement by having the recipient sign and return a renewal form to verify the current accuracy of the information previously reported to the State.

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Information provided by clients during their initial applications or their last eligibility renewals will be printed on renewal applications and mailed to clients 60 days before their eligibility is scheduled to end. Clients will be asked to review the information, make changes on the renewal application if necessary, and return the application by mail 30 days before eligibility is scheduled to end. Sufficient time is allowed in case additional information is needed from a renewing client.

4. Please describe the process for verifying the information that applicants provide at redetermination.

As with initial application, 10 percent of renewing applicants will be randomly selected to provide income documentation. Documents will need to be received by Medicaid within 30 days of request. Applicants who furnish requested documents will be notified within 30 days of receipt of the documents that their eligibility for Plan First will continue. Applicants who do not furnish requested documents, or who furnish requested documents that reverse their eligibility, will be disenrolled from Plan First and notified of the action.

IV. Program Integrity

1. Please describe the State's overall program integrity plan including system edits and checks that the State uses to ensure the integrity of eligibility determinations.

The eligibility system used to determine Plan First eligibility will have built-in edits to ensure that only women who are eligible are enrolled in the family planning waiver. The system will edit for individuals who are:

- Not enrolled in Medicaid or CHIP
- US citizens or qualified aliens
- Montana residents
- Females
- Living with countable incomes of 185 percent FPL or less
- Ages 14 through 44
- Do not have other family planning health coverage

The eligibility system has date and time markers and identifying information regarding system users.

Montana Medicaid does not exclude, deny benefits to, or otherwise discriminate against any person on the basis of race, color, national origin, age, sex, handicap, political beliefs, marital status, religion, or disability. This includes admission, participation, or receipt of services or benefits of any of its programs, activities, or employment, whether carried out by the Department or through a contractor or other entity.

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Participants in Plan First will have access to the same complaint and grievance processes that people in other state Medicaid programs have, including the right to appeal a denial of eligibility and/or denial of payment for services, administrative reviews, and fair hearings.

2. ☒ Please assure (with a check mark) that the State assures that all claims made for Federal financial participation under this demonstration, if approved by CMS, will meet all Medicaid financial requirements.

3. Please describe the process the State will use to monitor and ensure that eligibility determinations are conducted according to State and Federal requirements.

☐ Medicaid Eligibility Quality Check (MEQC)

☒ Other (Please specify.)

Medicaid staff will randomly select a percentage of applications, both eligible and not eligible, to review for assurance that eligibility was determined according to Federal and State rules and regulations and the Medicaid State Plan and waiver approval.

4. How does the State ensure that services billed to the Medicaid family planning demonstration program are not also billed to Title X?

Montana's family planning clinics do not currently bill for Title X funds. They will continue to submit claims to Medicaid, CHIP, and other insurance plans such as Blue Cross Blue Shield of Montana and New West Insurance Plan. Montana's Title X program, administered by the Women's and Men's Health Section (WMHS) of DPHHS, provides grants to 14 Title X family planning clinics in 28 locations in Montana. Title X clinics provide services on a sliding fee scale to people with incomes up to 250 percent FPL. Each clinic provides a monthly report to WMHS detailing clinic activities, income, and expenses. After implementation of Plan First, Title X clinics will be able to devote resources to serving additional women with incomes between 186 and 250 percent FPL, and expand services to additional men. Montana's Title X family planning clinics are able to show during chart audits that they do not receive reimbursement for services from more than one payment source.

In contrast, Montana Plan First will operate as a fee-for-service Medicaid reimbursement program. Claims for covered services provided to Plan First enrollees will be paid during weekly claims cycles.

5. How does the State ensure that enrollees are not dually-enrolled in Medicaid or SCHIP and also in the family planning demonstration?

Montana Plan First enrollees will be sent daily to the Medicaid eligibility system. If Plan First enrollees have open Medicaid or CHIP spans, they will be disenrolled from Plan First immediately. If eligibility overlap occurs (such as in the case of retroactive full Medicaid eligibility), MMIS

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system hierarchy will not pay claims under Plan First if Medicaid is open. The eligibility system used for Plan First is also used for two other state programs. The system will not allow a person to be enrolled in both CHIP and Plan First at the same time.

6. How does the State ensure that the services billed to this family planning program are not also billed under the regular Medicaid State Plan or SCHIP State Plan?

MMIS processes claims for both regular Medicaid State Plan services and Plan First. Because a woman will not be eligible for Plan First and Medicaid or CHIP at the same time (see #5 above), if a claim is submitted to regular Medicaid for a woman enrolled in Plan First, MMIS will deny the claim because the woman is not eligible for State Plan Medicaid services.

In addition, The Quality Assurance Division of DPHHS ensures the accountability, integrity, and efficiency of Montana Medicaid through internal audits, investigations, and evaluations. This Division also follows up on complaints to identify Medicaid providers and clients who may attempt to abuse the program.

7. How does the State ensure that the enrollee does not have creditable health insurance coverage?

Section 3 on the application requires the applicant to verify that she does not have creditable health insurance coverage. Please see the draft application included as Attachment F.

V. Service Codes – Federal financial participation (FFP) will be considered for family planning services provided to individuals under the Section 1115 Family Planning Demonstration will be available, as approved by CMS, at the following rates and as described in Attachment B (note: the State should fill out the template in Attachment B). Specifically:

- For services whose primary purpose is family planning (i.e., contraceptives and sterilizations), FFP will be available at the 90-percent matching rate. Procedure codes for office visits, laboratory tests, and certain other procedures must carry a primary diagnosis that specifically identifies them as family planning services.
- Family planning-related services reimbursable at the Federal Medical Assistance Percentage (FMAP) rate are defined as those services generally performed as part of, or as follow-up to, a family planning service for contraception. Such services are provided because a “family planning-related” problem was identified/diagnosed during a routine/periodic family planning visit. Services/surgery, which are generally provided in an ambulatory surgery center/facility, a special procedure room/suite, an emergency room, an urgent care center or a hospital for family planning-related services, are not considered family planning-related services and are not covered under the demonstration.
- FFP will not be available for the costs of any services, items or procedures that do not meet the requirements specified above, even if family planning clinics or providers provide them.

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VI. Delivery System

1. Please describe the general delivery system for the family planning program.

- ☒ Fee for Service
- ☐ Primary Care Case Management
- ☐ Other (Please specify.)

2. Please describe the provider network being used under the family planning demonstration. Please also provide the percentage of patients each of these provider types will be serving:

- | | |
|---|---|
| <input type="checkbox"/> Managed Care Organizations | Estimated Percentage of Patients: |
| <input checked="" type="checkbox"/> All Medicaid Providers | Estimated Percentage of Patients: 100% |
| <input checked="" type="checkbox"/> Health Departments | Estimated Percentage of Patients: 10% |
| <input checked="" type="checkbox"/> Family Planning Clinics | Estimated Percentage of Patients: 40% |
| <input checked="" type="checkbox"/> FQHCs/RHCs | Estimated Percentage of Patients: 30% |
| <input checked="" type="checkbox"/> Private Providers | Estimated Percentage of Patients: 20% |

3. **Primary Care Referrals:** Under the demonstration, the State is required to evaluate primary care referrals as described in Section IX: Evaluation.

- A. ☒ Please assure (with a check mark) that the State will provide primary care referrals. (Please attach a letter of support from your State Primary Care Association in Attachment A.)

Medicaid's letter of support from the Montana Primary Care Association is included as Attachment A.

- B. How is information about primary care services given to people enrolled in the demonstration?

- ☒ Mailed to enrollees by State Medicaid agency
- ☒ Distributed at application sites during enrollment
- ☒ Given by providers during family planning visits
- ☒ Other (Please specify.) Medicaid Help Line, client website, available at FQHCs, RHCs, Community Health Centers, and other locations eligible women may visit (pharmacies, Offices of Public Assistance, day care centers).

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C. Does the State verify that referrals to primary care services are being made? Yes If so, how?

As part of the renewal process, renewing applicants will receive a survey used to gauge satisfaction with Montana Plan First. In addition to asking questions about the process of applying for Plan First and receipt of family planning services, the survey will ask participants if they received referrals for primary care, if they followed through with the referrals, and where they received their primary care services.

D. How does the State notify primary care providers that enrollees in the demonstration will be receiving primary care referrals and may seek their services?

Medicaid staff met with representatives of the Montana Primary Care Association (MPCA), reviewed the family planning waiver document, and discussed the importance of referrals for primary care. Medicaid and MPCA will work together to notify and train providers.

MPCA has 14 current members: one migrant health center, one rural health clinic, one pending membership application (Kalispell – state-funded center), and 12 community health centers with an additional 12 community clinics (please see map included in Attachment A).

MPCA members provide comprehensive preventive and primary health care, which may include dental, mental health, and pharmacy services.

VII. Program Administration and Coordination

1. What other State agencies or program staff coordinate or collaborate on the family planning demonstration program? Please describe the relationship and function of each office in this demonstration.

- | | |
|---|--|
| <input checked="" type="checkbox"/> Primary care office | Relationship/Function: Partner/primary care |
| <input checked="" type="checkbox"/> Maternal and child health | Relationship/Function: Partner/outreach |
| <input checked="" type="checkbox"/> Family planning | Relationship/Function: Partner/co-author |
| <input checked="" type="checkbox"/> Public health | Relationship/Function: Partner/outreach |
| <input type="checkbox"/> Other (Please specify.) | Relationship/Function: |

2. Please describe how the Medicaid agency coordinates with the Title X family planning program.

Montana's Title X family planning program is a co-author and partner of the Medicaid family planning waiver. Title X staff and Medicaid staff worked together to research and write the waiver document and distribute the draft document to interested parties. Title X staff assisted in developing Appendix B, Service Codes, and will be key in training providers.

3. How will the State provide training/monitoring to providers?

Medicaid and Title X will offer six training sessions across Montana on the waiver for providers before the implementation date of the waiver. The training sessions will address:

- Eligible women
- Eligibility span
- How to apply for eligibility
- Covered services
- Claims submission
- Confidentiality

Medicaid will also develop provider notices similar to provider notices for other topics of interest to Montana Medicaid providers and will post additional information on the Medicaid provider website.

4. How often will provider training/monitoring be offered?

Medicaid will promote efficient and accurate billing and educate providers about what services are covered and on the rights and obligations of providers and their patients. Six initial training sessions will be offered throughout the state by state Medicaid and Title X personnel before Plan First is implemented. Videos of training sessions will be available on the Medicaid's provider website, along with provider bulletins and lists of covered drugs and services, examples of how to fill out forms (such as patient consent forms and referrals), lists of billing codes, and order forms for family planning materials. Ongoing provider training will be offered four times annually in conjunction with statewide Medicaid provider trainings and to individual providers upon request.

5. Will the State provide a written manual for providers on claiming for family planning demonstration services? Claiming guidance to providers should be separate and distinct from the claiming guidance provided for family planning services under the Medicaid State plan.

- ☒ Yes
☐ No

6. How does the State communicate information to providers in the demonstration program?

Providers who deliver services to family planning waiver participants will receive provider manuals, provider notices, and notifications of training sessions by mail, in the Medicaid provider newsletter, through the Medicaid provider website, and from Medicaid's provider relations call center. Providers who need assistance in submitting claims may also receive personal visits from provider field representatives.

VIII. Evaluation

A. Demonstration Purpose, Aim, and Objectives

- 1. Objectives/Hypotheses: Please describe the purpose, aim and objectives of the demonstration, including the overarching strategy, principles, goals, and objectives; the State's hypotheses on outcomes of the demonstration; and key interventions planned.**

Purpose: Montana Plan First will allow the State of Montana to provide family planning services to a larger population of Montana women with the intention of reducing the number of unintended pregnancies and births paid for by Montana Medicaid. Reducing pregnancies and births will lead to net Federal and State Medicaid program savings.

Hypothesis 1: The demonstration will result in an increase in the number of female Medicaid clients ages 14 through 44 receiving family planning services paid by Medicaid.

Measure: The number of women ages 14 through 44 who receive Medicaid family planning services each waiver year.

Data required: The number of women ages 14 through 44 who receive Medicaid family planning services.

Data source: MMIS

Hypothesis 2: The demonstration will result in a decrease in the annual number of births paid by Medicaid for women ages 14 through 44.

Measure: The fertility rate for Medicaid clients ages 14 through 44.

Data required: The number of births to Medicaid clients ages 14 through 44. The total number of female Medicaid clients ages 14 through 44.

Data source: MMIS

Hypothesis 3: The demonstration will reduce annual Federal and State Medicaid expenditures for prenatal, delivery, and newborn and infant care.

Measure: Estimated Medicaid savings from births averted by the family planning waiver less the cost of family planning services paid under the waiver.

Data required: The difference between the expected number of Medicaid births and the actual number of Medicaid births for Medicaid clients ages 14 through 44 each waiver year. The estimated cost of each birth including prenatal care,

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delivery, and newborn and infant care costs. The cost of providing family planning services to the waiver population.

Data source: MMIS

Hypothesis 4: The demonstration will improve birth outcomes and the health of women by increasing the child spacing interval among women in the target population.

Measure: The proportion of women ages 14 through 44 with a Medicaid paid birth in a waiver year who have a subsequent Medicaid paid birth within 18 months.

Data required: The number of Medicaid paid births to Medicaid clients ages 14 through 44 each waiver year and the number of subsequent Medicaid paid births for those women within 18 months.

Data source: MMIS

B. Evaluation Design

1. Coordination: Please describe the management/coordination of the evaluation, including: information about the organization conducting the evaluation; and timelines for implementation of the evaluation and reporting deliverables.

The Montana Department of Public Health and Human Services (DPHHS) Office of Planning, Coordination, and Analysis (OPCA) will manage the evaluation of Montana Plan First. At the end of each waiver year, the OPCA will complete the evaluation and will deliver a report within 90 days of waiver year end. The evaluation will include the rate in expenditure growth for family planning services on a per capita basis, using total expenditures recorded during the first year of the demonstration as a baseline. OPCA will also compare the annual rate of growth of actual expenditures with the baseline amount trended forward using the Medical Consumer Price Index (MCPI).

2. Performance Measures/Data Sources: Please describe the demonstration performance measures, including:

- **Specific performance measures and the rationale for selection, including statistical reliability and validity;**
 1. The percent increase in the number of women ages 14 through 44 receiving family planning services paid by Medicaid. Rationale for selection: High statistical reliability and validity because claims data for actual services received will be used (not sample data).
 2. The percent decrease in the annual number of births paid by Medicaid for women ages 14 through 44. Rationale for selection: High statistical reliability and validity because actual claims data for births paid by Medicaid will be used to compare to previous years' data (not sample data).

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3. The percent decrease in the amount of Federal and State Medicaid expenditures for prenatal, delivery, and newborn and infant care. Rationale for selection: High statistical reliability and validity because claims data for actual services will be used to compare to previous years' data (not sample data).
 4. The percent decrease in the number of subsequent births to Medicaid enrollees ages 14 through 44 who gave birth in the past 18 months. Rationale for selection: High statistical reliability and validity because claims data for actual services will be used to compare to previous years' data (not sample data).
- **Measurement methodology and specifications, including eligible/target populations and time period of study for the specific measure;**
Number of Montana women ages 14 through 44 with incomes at or below 185 percent FPL with access to family planning services over the life of the waiver
 - **Data sources, method for data collection, rationale for the approach, and sampling methodology.**
Data source—MMIS; method for data collection—Medicaid decision support system; rationale for approach—identification of service codes received by women ages 14 through 44 for family planning services, prenatal care, delivery, and newborn and infant care costs for the infant's first year, over the life of the waiver

Note: CMS recommends the following minimum data set for family planning demonstrations:

Measure	Number	Percentage Change
Enrollment		
Averted Births		

3. **Primary Care Referrals:** Please describe how the State will evaluate the extent to which clinical referrals to primary care are provided since health concerns requiring follow-up by a primary care provider may be identified during a family planning visit. (For example, some States may be able to provide quantitative information about the frequency of these clinical referrals and how it has changed over time. Other States may prefer to evaluate clinical referrals using qualitative information, which might be obtained, for example, from a focus group of enrollees participating in the family planning demonstration.)

As part of the renewal process, renewing applicants receive a survey used to gauge satisfaction with Montana Plan First. In addition to asking questions about the process of applying for Plan First and receipt of family planning services, the survey will ask participants if they received referrals for primary care, if they followed through with the referrals, and where they received their primary care services.

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4. **Integrate Earlier Findings:** For renewal States, please describe how the evaluation design plan for the renewal will integrate earlier evaluation findings and recommendations. (Note: renewal States are also asked to provide their interim evaluation report as Attachment E.)

Not applicable

5. **Please provide an evaluation design plan for analysis, including:**
- **Evaluation of performance;**
 - **Outcomes;**
 - **Limitations/Challenges/Opportunities;**
 - **Successes/Best Practices;**
 - **Interpretations/Conclusions;**
 - **Revisions to strategy or goals; and,**
 - **Recommendations and implications at the State and Federal levels.**

Montana Plan First Evaluation Plan

Evaluation of Performance

- Executive summary
- Information about the project

Outcomes

- Data--quality of the data collected, how the data collected changed over time
- Effectiveness—how the purposes, aims, objectives, goals, and quantified performance targets of the project were met
- Impacts—the impact of the project on enrollees; impact on Medicaid program costs

Limitations, Challenges, Opportunities

- What are the problems, barriers, limitations, undesired outcomes, remaining challenges, and opportunities of the project?
- What problems, if any, were *caused* by the project?

Successes, Best Practices

- What are the successes, achievements, and positive outcomes of the project?

Interpretations, Conclusions

- What are the principal conclusions concerning the findings of the evaluation?
- What are the principal conclusions concerning the policy and program issues involved in the project?

Revisions to Strategy, Goals

- Were revisions made to the project's strategy or goals?

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- Discuss the reasons revisions were made to the project's strategy or goals.

Recommendations and Implications

- How can the purposes, aims, objectives, goals, and quantified performance targets of the project be more fully achieved?
- How can the design of the project be strengthened or improved?
- How can the implementation of this type of project be improved, in regard to reducing delays and improving marketing, outreach, enrollment, and administration?
- How can the participation of eligible women be increased in this type of project?
- What recommendations do we have for other states that may be interested in implementing a program or demonstration similar to the Montana Family Planning Project?

IX. Budget Neutrality Agreement: The State needs to provide a budget neutrality spreadsheet as provided in Attachment C. The State also needs to describe the assumptions on which the budget neutrality spreadsheet is based. (For renewal States, the State also needs to provide the annual budget limits data described in the State's Special Terms and Conditions for each year of the demonstration.)

1. State Assumptions on Which the Budget Spreadsheet is Based.

A. Regular FMAP—SFY blended rates:

2009	67.99%
2010	67.84%
2011	67.26%
2012	66.81%
2013	62.17%

B. Family Planning FMAP: 90.00%

C. Medical Consumer Price Index cost trend: 4.06%, based on U.S. City Average, not seasonally adjusted, using monthly percent change blended for State Fiscal Year

D. Delivery reduction: 6% per 4,000 women or 1.5% per 1,000 women based on other states' experiences

E. Delivery to first year person factor: 1.0085% for base year; also used for projections

F. Increase in deliveries of 1.7% per year without the waiver based on the average percent of Medicaid birth increase between SFY 2002 to SFY 2005

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G. Increase in growth of numbers of Medicaid family planning clients of 5% per year, based on past rates of growth of the Medicaid pregnant woman eligibility category.

2. State Source of Funds: Please also describe the source of funds that will make up the State's share of the demonstration.

State general fund monies will make up Montana's share of the demonstration.

X. Waivers and Authority Requested

The following waivers are requested pursuant to the authority of Section 1115 of the Social Security Act (Please check all applicable that the State is requesting and attach further information if necessary):

- ☒ Amount Duration and Scope 1902(a)(10)(B) and (C) – The State will offer to the demonstration population a benefit package consisting only of approved family planning services.
- ☒ Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) 1902(a)(43)(A) – The State will not furnish or arrange EPSDT services to the demonstration population.
- ☒ Retroactive Coverage 1902(a)(34) – Individuals in the family planning demonstration program will not be retroactively eligible.
- ☐ Eligibility Procedures 1902(a)(17) – Parental income will not be included when determining a minor's (individual under age 18) eligibility for the family planning demonstration.
- ☒ Other (Please specify.) Resource Limitations 1902(a)(10)(A) and 1902(a)(17)—Montana requests waiver of these sections so the target population under this waiver will not be subject to an asset test.

XI. Attachments

Place check marks beside the attachments you are including with the application.

- ☒ Attachment A: Letter of Support from State Primary Care Association
- ☒ Attachment B: Service Codes
- ☒ Attachment C: Budget Neutrality Worksheet
- ☒ Attachment D: Implementation Schedule
- ☐ Attachment E: Interim Evaluation Report (for renewals only)

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- ☒ Attachment F: Draft Application
☐ Other Attachments (Please indicate subject of attachment.)

XII. Contact Information and Signature

Please provide contact information for the person CMS should contact for questions related to the family planning demonstration project.

Family Planning Contact:

Name: Mary Noel

Title: Chief, Medicaid Managed Care Bureau

Phone Number: 406-444-4146

Email: manoel@mt.gov

June 27, 2008

John Chappuis, State Medicaid Director

Name of Authorizing State Official (Typed)


Signature of Authorizing State Official

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**Attachment A:
Letter of Support from
State Primary Care Association**

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Montana Primary Care Association, Inc.

Alan Strange, Ph.D.
Chief Executive Officer

May 2, 2008

Mary Noel
Montana Department of Public Health and Human Services
1400 Broadway
P.O. Box 202952
Helena, MT 59620-2952

To Whom It May Concern:

The Montana Primary Care Association (MPCA) urges approval of the Montana Department of Health and Human Services' Family Planning Section 1115 research and demonstration waiver. This waiver would expand access to family planning services to women of child-bearing age with incomes up to 185% poverty. The ultimate results would be the reduction of unwanted pregnancies, improvement in health and birth outcomes, and better detection and treatment of sexually transmitted diseases.

MPCA works with the twelve community health centers, whose majority of patients are low income and/or uninsured. This waiver would help extend family planning services to these low income women who are especially at risk for unintended pregnancies and poor birth outcomes. The Department's plan for outreach and education would further help improve awareness and access to counseling and other services.

MPCA believes that overcoming financial barriers to family planning services is critical first step in improving the reproductive health and birth outcomes of low income women. MPCA supports the approval of Montana's 1115 Family Planning Waiver.

Sincerely yours,

A handwritten signature in dark ink, appearing to read "Alan W. Strange", is written over a light blue horizontal line.

Alan W. Strange
Chief Executive Officer

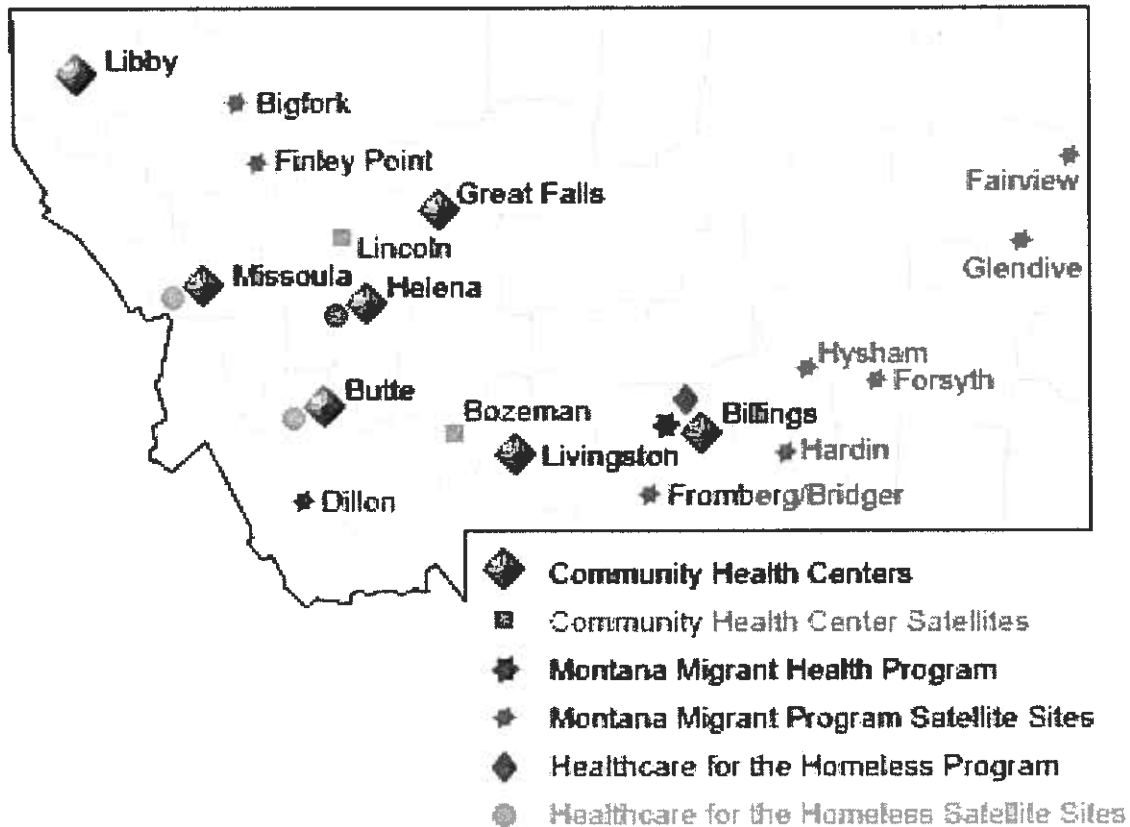
1805 Euclid Avenue • Helena, Montana 59601
(406) 442-2750 • FAX (406) 449-2460

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Montana Primary Care Association Health Services Sites



**Attachment B:
Service Codes**

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MONTANA PLAN FIRST PROCEDURE CODES FOR COVERED SERVICES

Code	Description	Procedure Codes Reimbursed at 90% FFP	Procedure Codes With a Primary Diagnosis Code in the V25 Series or FP Modifier Reimbursed at 90% FFP	Family Planning-Related Codes Reimbursed at FMAP Rate
00840	Anesthesia for intraperitoneal procedures in lower abdomen		✓	
00851	Anesthesia for intraperitoneal proc in low abdo incl lap; tubal lig		✓	
11975	Insertion, implantable contraceptive capsules	✓		
11976	Removal, implantable contraceptive capsules	✓		
11977	Removal with reinsertion, implantable contraceptive capsules	✓		
36415	Collection of venous blood by venipuncture		✓	
56501	Destruction of lesion(s), vulva; simple		✓	
56605	Biopsy of vulva or perineum; one lesion		✓	
56606	Biopsy of vulva or perineum; additional lesions		✓	
57170	Diaphragm or cervical cap fitting with instructions	✓		
57452	Colposcopy of the cervix including upper/adjacent vagina		✓	
57454	Colposcopy of the cervix with biopsy(s) of the cervix and endocervical curettage		✓	
57455	Colposcopy of the cervix with biopsy(s) of the cervix		✓	
57456	Colposcopy of the cervix with endocervical curettage		✓	
57460	Colposcopy of the cervix with loop electrode biopsy(s) of the cervix		✓	
57461	Colposcopy of the cervix with loop electrode conization of the cervix		✓	
57500	Biopsy, single or multiple, or local excision of lesion, with or without fulguration		✓	
57511	Cryocautery of cervix, initial or repeat		✓	
58100	Endometrial sampling (biopsy) with or without endocervical sampling (biopsy), with cervical dilation		✓	
58300	Insertion of intrauterine device (IUD)	✓		
58301	Removal of intrauterine device (IUD)	✓		
80061	Lipid panel		✓	
81000	Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite pH, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, with microscopy		✓	
81001	Urinalysis by dip stick or table reagent; automated, with microscopy		✓	

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Code	Description	Procedure Codes Reimbursed at 90% FFP	Procedure Codes With a Primary Diagnosis Code in the V25 Series or FP Modifier Reimbursed at 90% FFP	Family Planning-Related Codes Reimbursed at FMAP Rate
81002	Urinalysis by dip stick or tablet reagent; non-automated, without microscopy		✓	
81003	Urinalysis by dip stick or tablet reagent; automated, without microscopy		✓	
81005	Urinalysis; qualitative or semiquantitative, except immunoassays		✓	
81007	Urinalysis; bacteriuria screen, except by culture of dipstick		✓	
81015	Urinalysis; microscopic only		✓	
81020	Urinalysis; two or three glass test		✓	
81025	Urine pregnancy test, by visual color comparison methods	✓		
81099	Unlisted urinalysis procedure		✓	
82270	Blood, occult, by peroxidase activity		✓	
82465	Cholesterol, serum or whole blood, total		✓	
82947	Glucose; quantitative, blood		✓	
82950	Glucose; post glucose dose		✓	
82951	Glucose; tolerance test (GTT) three specimens		✓	
83001	Gonadotropin; follicle stimulating hormone (FSH)		✓	
83036	Hemoglobin; glycosylated (A1C)		✓	
83518	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen, qualitative or semiquantitative; single step method		✓	
83898	Molecular diagnostics; amplification of patient nucleic acid, each nucleic acid sequence		✓	
84138	Pregnanetriol		✓	
84144	Progesterone		✓	
84146	Prolactin		✓	
84443	Thyroid stimulating hormone (TSH)		✓	
84591	Vitamin, not otherwise specified		✓	
84702	Gonadotropin, chorionic (hCG); quantitative		✓	
84703	Gonadotropin, chorionic (hCG); qualitative		✓	
85009	Blood count; manual differential WBC count, buffy coat		✓	
85013	Blood count; spun microhematocrit		✓	
85014	Blood count; hematocrit (Hct)		✓	
85018	Blood count; hemoglobin (Hgb)		✓	

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Code	Description	Procedure Codes Reimbursed at 90% FFP	Procedure Codes With a Primary Diagnosis Code in the V25 Series or FP Modifier Reimbursed at 90% FFP	Family Planning-Related Codes Reimbursed at FMAP Rate
85025	Blood count; complete (CBC), automated (HGB, Hct, RBC, WBC and platelet count) and automated differential WBC count		✓	
85660	Sickling of RBC, reduction		✓	
86255	Fluorescent noninfectious agent antibody; screen, each antibody		✓	
86317	Immunoassay for infectious agent antibody, quantitative, not otherwise specified		✓	
86592	Syphilis test; qualitative (eg VDRL RPR ART)		✓	
86593	Syphilis test; quantitative		✓	
86689	Antibody; HTLV or HIV antibody, confirmatory test (eg Western Blot)		✓	
86694	Antibody; herpes simplex, non-specific type test		✓	
86695	Antibody; herpes simplex, type 1		✓	
86696	Antibody; herpes simplex, type 2		✓	
86701	Antibody; HIV-1		✓	
86702	Antibody; HIV-2		✓	
86703	Antibody; HIV-1 and HIV-2, single assay		✓	
86704	Hepatitis B core antibody (HBcAb); total		✓	
86705	Hepatitis B core antibody (HBcAb); IgM Antibody		✓	
86706	Hepatitis B surface antibody (HBsAb)		✓	
86707	Hepatitis Be antibody (HBeAb)		✓	
86762	Antibody; rubella		✓	
86781	Antibody; treponema pallidum, confirmatory test (eg FTA-abs)		✓	
86803	Hepatitis C antibody		✓	
86804	Hepatitis C antibody; confirmatory test (eg immunoblot)		✓	
87070	Culture, bacterial; any other source except urine, blood or stool, aerobic, with isolation and presumptive identification of isolates		✓	
87075	Culture, bacterial; any source except blood, anaerobic with isolation and presumptive identification of isolates		✓	
87076	Culture, bacterial; anaerobic isolate, additional methods required for definitive identification, each isolate		✓	
87086	Culture, bacterial; quantitative colony count, urine		✓	
87088	Culture, bacterial; with isolation and presumptive identification of each isolate; urine		✓	

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Code	Description	Procedure Codes Reimbursed at 90% FFP	Procedure Codes With a Primary Diagnosis Code in the V25 Series or FP Modifier Reimbursed at 90% FFP	Family Planning-Related Codes Reimbursed at FMAP Rate
87101	Culture, fungi (mold or yeast) isolation, with presumptive identification of isolates; skin, hair, or nail		✓	
87109	Culture, mycoplasma, any source		✓	
87110	Culture, chlamydia, any source		✓	
87164	Dark field examination, any source; includes specimen collection		✓	
87166	Dark field examination, any source; without collection		✓	
87205	Smear; primary source with interpretation; Gram or Giemsa stain for bacteria, fungi, or cell types		✓	
87207	Smear, special stain for inclusion bodies or parasites		✓	
87210	Smear, primary source with interpretation; wet mount for infectious agents		✓	
87252	Virus isolation; tissue culture inoculation, observation, and presumptive identification by cytopathic effect		✓	
87270	Infectious agent antigen detection by immunofluorescent technique; Chlamydia trachomatis		✓	
87273	Infectious agent antigen detection by immunofluorescent technique; herpes simplex virus type 2		✓	
87274	Infectious agent antigen detection by immunofluorescent technique; herpes simplex virus type 1		✓	
87320	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; chlamydia trachomatis		✓	
87340	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis B surface antigen (HBsAg)		✓	
87350	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; hepatitis Be antigen (HBeAg)		✓	
87390	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-1		✓	
87391	Infectious agent antigen detection by enzyme immunoassay technique, qualitative or semiquantitative, multiple-step method; HIV-2		✓	
87449	Infectious agent antigen detection by enzyme immunoassay technique qualitative or semiquantitative; multiple step method, not otherwise specified, each organism		✓	

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Code	Description	Procedure Codes Reimbursed at 90% FFP	Procedure Codes With a Primary Diagnosis Code in the V25 Series or FP Modifier Reimbursed at 90% FFP	Family Planning-Related Codes Reimbursed at FMAP Rate
87480	Infectious agent detection by nucleic acid (DNA or RNA); candida species, direct probe technique		✓	
87481	Infectious agent detection by nucleic acid (DNA or RNA); candida species, amplified probe technique		✓	
87490	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, direct probe technique		✓	
87491	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, amplified probe technique		✓	
87492	Infectious agent detection by nucleic acid (DNA or RNA); Chlamydia trachomatis, quantification		✓	
87510	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, direct probe technique		✓	
87511	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, amplified probe technique		✓	
87512	Infectious agent detection by nucleic acid (DNA or RNA); Gardnerella vaginalis, quantification		✓	
87515	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, direct probe technique		✓	
87516	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis B virus, amplified probe technique		✓	
87520	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, direct probe technique		✓	
87521	Infectious agent detection by nucleic acid (DNA or RNA); hepatitis C, amplified probe technique		✓	
87528	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, direct probe technique		✓	
87529	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, amplified probe technique		✓	
87530	Infectious agent detection by nucleic acid (DNA or RNA); Herpes simplex virus, quantification		✓	
87531	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, direct probe technique		✓	
87532	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, amplified probe technique		✓	
87533	Infectious agent detection by nucleic acid (DNA or RNA); Herpes virus-6, quantification		✓	
87534	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, direct probe technique		✓	

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Code	Description	Procedure Codes Reimbursed at 90% FFP	Procedure Codes With a Primary Diagnosis Code in the V25 Series or FP Modifier Reimbursed at 90% FFP	Family Planning-Related Codes Reimbursed at FMAP Rate
87535	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, amplified probe technique		✓	
87536	Infectious agent detection by nucleic acid (DNA or RNA); HIV-1, quantification		✓	
87537	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, direct probe technique		✓	
87538	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, amplified probe technique		✓	
87539	Infectious agent detection by nucleic acid (DNA or RNA); HIV-2, quantification		✓	
87590	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, direct probe technique		✓	
87591	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, amplified probe technique		✓	
87592	Infectious agent detection by nucleic acid (DNA or RNA); Neisseria gonorrhoeae, quantification		✓	
87620	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, direct probe technique		✓	
87621	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, amplified probe technique		✓	
87622	Infectious agent detection by nucleic acid (DNA or RNA); papillomavirus, human, quantification		✓	
87797	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; direct probe technique, each organism		✓	
87798	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism		✓	
87799	Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; quantification, each organism		✓	
88141	Cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician		✓	
88142	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; manual screening under physician supervision	✓		
88143	Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation; with manual screening and rescreening under physician supervision	✓		
88147	Cytopathology smears, cervical or vaginal; screening by automated system under physician supervision	✓		

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Code	Description	Procedure Codes Reimbursed at 90% FFP	Procedure Codes With a Primary Diagnosis Code in the V25 Series or FP Modifier Reimbursed at 90% FFP	Family Planning-Related Codes Reimbursed at FMAP Rate
88148	Cytopathology smears, cervical or vaginal; screening by automated system with manual rescreening under physician supervision	✓		
88150	Cytopathology, slides, cervical or vaginal; manual screening under physician supervision	✓		
88152	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening under physician supervision	✓		
88153	Cytopathology, slides, cervical or vaginal; with manual screening and rescreening under physician supervision	✓		
88154	Cytopathology, slides, cervical or vaginal; with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	✓		
88155	Cytopathology, slides, cervical or vaginal, definitive hormonal evaluation	✓		
88160	Cytopathology, smears, any other source; screening and interpretation		✓	
88161	Cytopathology, smears, any other source; preparation, screening and interpretation		✓	
88162	Cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains		✓	
88164	Cytopathology, slides, cervical or vaginal (the Bethesda System); manual screening under physician supervision	✓		
88165	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and rescreening under physician supervision	✓		
88166	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening under physician supervision	✓		
88167	Cytopathology, slides, cervical or vaginal (the Bethesda System); with manual screening and computer-assisted rescreening using cell selection and review under physician supervision	✓		
90649	Human Papilloma virus (HPV) vaccine, types 6, 11, 16, 18 (quadrivalent), 3 dose schedule, for intramuscular use		✓	
90746	Hepatitis B vaccine, adult dosage, for intramuscular use		✓	
90772	Therapeutic, prophylactic or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	✓		
99201	Office or other outpatient visit for the evaluation and management of a new patient, with problem focused history, problem focused examination, and straightforward medical decision making.	✓		

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Code	Description	Procedure Codes Reimbursed at 90% FFP	Procedure Codes With a Primary Diagnosis Code in the V25 Series or FP Modifier Reimbursed at 90% FFP	Family Planning-Related Codes Reimbursed at FMAP Rate
99202	Office or other outpatient visit for the evaluation and management of a new patient, with expanded problem focused history, expanded problem focused examination, and straightforward medical decision making.	✓		
99203	Office or other outpatient visit for the evaluation and management of a new patient, with a detailed history, a detailed examination, and medical decision making of low complexity	✓		
99204	Office or other outpatient visit for the evaluation and management of a new patient, with a comprehensive history, a comprehensive examination, and medical decision making of moderate complexity	✓		
99205	Office or other outpatient visit for the evaluation and management of a new patient, with a comprehensive history, comprehensive examination, and medical decision making of high complexity.	✓		
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician, 5 minutes	✓		
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three: problem focused history, problem focused examination, and straightforward medical decision making.	✓		
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three: expanded problem focused history, expanded problem focused examination, medical decision making of low complexity	✓		
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three: detailed history, detailed examination, medical decision making of moderate complexity	✓		
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three: comprehensive history, comprehensive examination, medical decision making of high complexity	✓		
99384	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; adolescent (age 12 through 17 years)	✓		
99385	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 18-39 years	✓		

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Code	Description	Procedure Codes Reimbursed at 90% FFP	Procedure Codes With a Primary Diagnosis Code in the V25 Series or FP Modifier Reimbursed at 90% FFP	Family Planning-Related Codes Reimbursed at FMAP Rate
99386	Initial comprehensive preventive medicine evaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, new patient; 40-64 years	✓		
99394	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; late childhood; adolescent (age 12 through 17 years)	✓		
99395	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; late childhood; 18-39 years	✓		
99396	Periodic comprehensive preventive medicine reevaluation and management of an individual including an age and gender appropriate history, examination, counseling/anticipatory guidance/risk factor reduction interventions, and the ordering of appropriate immunization(s), laboratory/diagnostic procedures, established patient; late childhood; 40-64 years	✓		
99401	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 15 minutes	✓		
99402	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 30 minutes	✓		
99403	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 45 minutes	✓		
99404	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure); approximately 60 minutes	✓		
99411	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 30 minutes	✓		
99412	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to individuals in a group setting (separate procedure); approximately 60 minutes	✓		

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Code	Description	Procedure Codes Reimbursed at 90% FFP	Procedure Codes With a Primary Diagnosis Code in the V25 Series or FP Modifier Reimbursed at 90% FFP	Family Planning-Related Codes Reimbursed at FMAP Rate
Appropriate HCPCS or National Drug Code:				
	Antibiotics	✓		
	Cervical cap	✓		
	Cycle beads	✓		
	Depo-Provera	✓		
	Diaphragm	✓		
	Emergency contraceptive	✓		
	Female condoms	✓		
	Implanon	✓		
	Male latex and non-latex condoms	✓		
	Medication for vaginal infection	✓		
	Mirena, intrauterine device (IUD)	✓		
	Norplant	✓		
	Nuva Ring	✓		
	Oral contraceptive	✓		
	Ortho Evra	✓		
	Paragard	✓		
	Spermicides--contraceptive film and foam	✓		
	Sponge	✓		

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**Attachment C:
Budget Neutrality Worksheet**

Application Template for Family Planning § 1115 Demonstration

Budget Neutrality Worksheet for: Montana Plan First		2006	2009	2010	2011	2012	2013	Total
All Costs								2009-2013
WITHOUT WAIVER								
<i>BASIC FP SERVICES</i>	Persons	6,550	6889	7006	7125	7246	7369	
<i>All current Medicaid eligibles--State Plan</i>	Per Capita	\$ 499	\$ 562	\$ 585	\$ 609	\$ 634	\$ 660	
	Total	\$ 3,268,450	\$ 3,871,618	\$ 4,098,510	\$ 4,339,125	\$ 4,593,964	\$ 4,863,540	
<i>DELIVERIES under Medicaid State Plan</i>	Persons	4,106	4512	4589	4667	4746	4827	
	Per Capita	\$ 5,507	\$ 6,043	\$ 6,288	\$ 6,543	\$ 6,809	\$ 7,085	
	Total	\$ 22,611,742	\$ 27,266,016	\$ 28,855,632	\$ 30,536,181	\$ 32,315,514	\$ 34,199,295	
<i>FIRST YEAR INFANT COSTS under Medicaid State Plan</i>	Persons	4,229	4550	4628	4707	4786	4868	
	Per Capita	\$ 5,813	\$ 7,449	\$ 7,751	\$ 8,066	\$ 8,393	\$ 8,734	
	Total	\$ 24,583,177	\$ 33,892,950	\$ 35,871,628	\$ 37,966,662	\$ 40,168,898	\$ 42,517,112	
TOTAL BASE YEAR		\$ 50,463,369	\$ 65,030,584	\$ 68,825,770	\$ 72,841,968	\$ 77,078,376	\$ 81,579,947	365,356,645
WITH WAIVER								
<i>BASIC FP SERVICES</i>	Persons	6,550	6,889	7,006	7,125	7,246	7,369	
<i>All current Medicaid eligibles--State Plan</i>	Per Capita	\$ 499	\$ 562	\$ 585	\$ 609	\$ 634	\$ 660	
	Total	\$ 3,268,450	\$ 3,871,618	\$ 4,098,510	\$ 4,339,125	\$ 4,593,964	\$ 4,863,540	
<i>DELIVERIES under Medicaid State Plan adj for effects of waiver</i>	Persons	3,860	4,410	4,314	4,387	4,461	4,537	
	Per Capita	\$ 5,507	\$ 6,043	\$ 6,288	\$ 6,543	\$ 6,809	\$ 7,085	
	Total	\$ 21,257,020	\$ 26,649,630	\$ 27,126,432	\$ 28,704,141	\$ 30,374,949	\$ 32,144,645	
<i>FIRST YEAR COSTS adj for effects of waiver</i>	Persons	4265	4,447	4,351	4,424	4,499	4,576	
	Per Capita	\$ 5,813	\$ 7,449	\$ 7,751	\$ 8,066	\$ 8,393	\$ 8,734	
	Total	\$ 24,792,445	\$ 33,125,703	\$ 33,724,601	\$ 35,683,984	\$ 37,760,107	\$ 39,966,784	
<i>FAMILY PLANNING SERVICES for waiver participants</i>	Persons	4,000	1,500	4,000	4,000	4,000	4,000	
	Per Capita	\$ 556	\$ 650	\$ 676	\$ 703	\$ 732	\$ 762	
	Total	\$ 2,224,000	\$ 975,000	\$ 2,704,000	\$ 2,812,000	\$ 2,928,000	\$ 3,048,000	
<i>SYSTEMS CHANGES</i>		100,000	100,000					
<i>PUBLIC AWARENESS</i>	\$	25,000	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000	\$ 25,000	
<i>EVALUATION</i>	\$	25,000	25,000	25,000	25,000	25,000	25,000	
TOTAL WITH WAIVER COSTS		\$ 51,691,915	\$ 64,771,951	\$ 67,703,543	\$ 71,589,250	\$ 75,707,020	\$ 80,072,969	359,844,733
DIFFERENCE		\$ (1,228,546)	258,633	1,122,227	1,252,718	1,371,356	1,506,978	5,511,912

Date _____

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Expiration Date _____

Attachment D: Implementation Schedule

Montana Plan First Implementation Schedule

August 2008 through June 2009

Design and implement enhancements to computer systems

- Modify the Medicaid Management Information System (MMIS)
 - Create new code for family planning waiver eligible women
 - Apply system edits to pay only allowable codes for program eligibles
- Modify the KIDS eligibility system
 - Create new eligibility module for Plan First

March through June 2009

Amend Administrative Rules of Montana

- Publish public notice
- Hold public hearing
- Respond to public comments
- Publish new rule

March 2009

Hire and train eligibility determination staff

April through June 2009

Revise Medicaid client handbook and update client website

April through June 2009

Notify and train providers

- Develop provider manual to provide information on covered services, eligible population, and billing procedures.
- Develop and conduct provider trainings regarding eligibility, services, billing procedures, and primary care referrals

April through June 2009

Conduct outreach

- Develop and print client outreach brochure to distribute to local public health departments, Federally Qualified Health Centers, Rural Health Centers, Community Health Centers, hospitals, physician offices, advocacy sights, school and university health clinics
- Place materials on client web site

August through September 2010

Conduct evaluation

**Attachment F:
Draft Application**

Logo

Application for
Montana Plan First
Medicaid Family Planning (Birth Control) Services

A program of the Montana Department of Public Health and Human Services

☼ Montana Plan First is a Medicaid family planning health care program for women ages 14 to 44. Plan First covers family planning services (birth control, including natural methods).

☼ You can find out more about Plan First and get help filling out this application by visiting www.PlanFirst.mt.gov or by calling 1-800-xxx-xxxx. The call is free. If you use TTY, call 1-800-xxx-xxxx.

☼ If you are pregnant, do not complete this application. Please complete an application for full Medicaid. Medicaid applications are available at your local Office of Public Assistance.

Sections marked with this symbol ☼ let you know you may need to provide documents.

Section 1. Information about you

Last name		First name	
Mailing address			Apt/Space #
City	State	Zip	County
Birth date	SSN	Gender <input type="checkbox"/> Female	
Home phone #	Work phone #	Cell phone #	
Email address			
Preferred language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (specify)			
How do you prefer to be contacted? <input type="checkbox"/> U S Mail <input type="checkbox"/> Home phone <input type="checkbox"/> Work phone <input type="checkbox"/> Cell phone <input type="checkbox"/> Email <input type="checkbox"/> Other _____			

Date _____

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Application Template for Family Planning § 1115 Demonstration

Section 2. Are you pregnant now?

☐ Yes

☐ No

If you are pregnant now, you are not eligible for Plan First. You may be eligible for Medicaid. You can apply for Medicaid at any county Office of Public Assistance. Call 1-800-332-2272 or email citizensadvocate@mt.gov to find locations of Offices of Public Assistance.

Section 3. Health insurance

Do you have health coverage now that covers family planning services?

☐ Yes

☐ No

If you have health coverage that covers family planning services, you are not eligible for Plan First.

Section 4. Ethnic and Race Information

You do not have to give this section, but this information helps Medicaid to know if we are serving all ethnic groups and races in our state.

Are you of Hispanic or Latino origin?

☐ Yes

☐ No

Race: If more than one race, please mark all that apply.

☐ American Indian or Native American

☐ Alaska Native

☐ Asian

☐ Black or African American

☐ Native Hawaiian or Other Pacific Islander

☐ White/Caucasian

☐ Unknown

Section 5. Residence, Citizenship, and Identity

Are you a Montana resident? ☐ Yes ☐ No

If you are not a Montana resident, you are not eligible for Plan First.

Important: If you provided proof of citizenship and identity to the Montana Department of Public Health and Human Services since July 1, 2006 (for example, when applying for Medicaid), check here:

☐ I provided proof of citizenship and identity to the Montana Department of Public Health and Human Services since July 1, 2006 (for example, when applying for Medicaid). You do not need to complete Section 5.

If you have not provided proof of citizenship and identity to the Montana Department of Public Health and Human Services since July 1, 2006 (for example, when applying for Medicaid), please complete the following:

Are you a U S citizen?

☐ Yes


☐ No

Date _____

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 Please provide one of these three documents:

- U. S. Passport
- Certificate of Naturalization (N-550 or N-570)
- Certificate of U S Citizenship (N-560 or N-561)

If you do not have a U.S. Passport, a Certificate of Naturalization, or a Certificate of U.S. Citizenship, please provide one of these three documents and one from the list of photo ID documents below:


- Birth certificate from the state or county where you were born
- Final adoption decree
- Official military record that shows place of birth

 Photo ID documents:

- Driver's license (current or not more than three months since expiration)
- State issued ID card
- School ID
- U S military ID
- U S military dependent card
- Other government ID (city, county, US)
- Native American Tribal document
- Health clinic, doctor, or hospital records showing date of birth, issued near the time of birth or five years or more before date of Plan First application (for women 14, 15, or 16 years old)

(Note: Federal law requires Medicaid to see the original or a certified copy. Medicaid will make a copy of the document and return the original to you. You do not need to give the document to Medicaid in person; Medicaid will accept an original document or certified copy in person, by mail, or from a person authorized by you to bring or send the document to Medicaid.)

If you are not a U S citizen, enter your Alien Registration Number: _____

 If you entered your Alien Registration Number on the line above, provide a copy of one of the items listed below as proof of the Alien Registration Number:

- Alien Registration Receipt Card, Permanent Resident Card, or Green Card
- Passport with the following stamps or attachments: Arrival-Departure Record (I-94) including the stamp showing status, Resident Alien Form (I-551) or Temporary Resident Card (I-688)
- A court-ordered notice for asylees
- Other proof of lawful immigration status

Date _____

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Application Template for Family Planning § 1115 Demonstration

Note: Proof of U S citizenship and identity or legal immigration status is only needed for the woman who is applying for Plan First (family planning services), not for other family members.

U. S. Citizenship Documents

To comply with federal law, Medicaid must ask people who are United States citizens to give us documents that prove they are citizens. The new law affects all children and adults who apply for benefits with Medicaid if they are U. S. citizens.

If you are a U. S. citizen and do not have these documents, you must try to get them. You can get your birth certificate from the state or county where you were born. You may have to pay for an official copy of your birth certificate. You will need to give your name, date of birth, and your parents' names to order your birth certificate.

The National Center for Health Statistics can help you find out where to get your birth certificate if you were born in a state other than Montana. Call 1-866-441-6247. The call is free. You can also visit www.cdc.gov/nchs. Click on "Births" and then click on "Links to State Health Departments."

If you are unable to get the documents you need, please call us at 1-800-xxx-xxxx and let us know why. (For TTY, call 1-800-xxx-xxxx.) The call is free. There may be other documents you can show us to prove you are a U. S. citizen.

Section 6. Information about people who live with you.

Include only your husband, children, and stepchildren 18 years or younger, but not yourself.

List names, dates of birth, and relationship to you.

Name (first, middle, last)	Date of birth (month/day/year)	Relationship to you
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Application Template for Family Planning § 1115 Demonstration

Section 7. Employment income

Are you employed? ☐ Yes ☐ No

If yes, what is your pay each pay period before taxes?

\$ _____

How often are you paid? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month
☐ Once a month ☐ Other (explain) _____

If you are married, is your husband employed? ☐ Yes ☐ No ☐ Not married
☐ Don't live together

If yes, what is your husband's pay each pay period before taxes? \$ _____

How often is your husband paid? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month
☐ Once a month ☐ Other (explain) _____

If you or your husband are self-employed, what is the annual self-employment income?

Your annual self-employment income \$ _____

Your husband's annual self-employment income \$ _____

Section 8. Other income

Do you or your husband (if you are married and he is living with you) receive money from any other source—such as Social Security, spousal support, child support, rental property, unemployment benefits, pensions, trusts? ☐ Yes ☐ No

If yes, please complete the following:

Name _____ Source of income _____

Income amount \$ _____ How often paid _____

.....

Name _____ Source of income _____

Income amount \$ _____ How often paid _____

Section 9. Child support paid

Do you or your husband (if you are married and he is living with you) pay child support? ☐ Yes ☐ No

If yes, how much is paid? \$ _____ How often paid? _____

Date _____

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Expiration Date

Application Template for Family Planning § 1115 Demonstration

Section 10. Signature Please read and sign:

- Medicaid will keep what you tell us private as required by law.
- Montana Plan First services are limited to family planning and birth control services for women ages 14 through 44 years of age who need family planning services.
- If you want medical benefits, cash assistance, or food stamps, you must complete a different application. Applications for these programs are at all Offices of Public Assistance.
- Be sure to answer the questions correctly. Montana Plan First may check all information you give us. You must help us if we ask you to prove that your information is right.
- Anyone who knowingly misuses the Montana Plan First program may be committing a crime.
- You can be penalized if you knowingly give false information.

I declare under penalty of perjury that I have read all statements on this form and the information I give is true, correct, and complete to the best of my knowledge. I understand I can be penalized if I knowingly give false information.

Applicant's Signature _____ Date _____
(If you cannot sign your name, make a mark and have an adult sign next to your mark.)

Final checklist

- ☐ Did you answer all the questions on the application?
- ☐ Did you sign and date the application?
- ☐ Do you have all the documents you need?

Sections marked with this symbol  let you know you may need to provide documents.

Next steps

- If information on your application changes after you send the application, call 1-800-xxx-xxxx or email PlanFirst@mt.gov within 10 days of the change to tell us what changed. If you use a TTY, call 1-800-xxx-xxxx. The call is free.
- We will review your application as quickly as possible. Please allow up to three weeks for us to make a decision.
- If information is missing, we will send you a letter telling you what else you need to send.
- We will send you a letter to tell you if you get Plan First services. If you are not eligible, we will send you a letter to tell you why. (You may choose to be contacted another way—see page 1.)

Date _____

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Application Template for Family Planning § 1115 Demonstration

Other important information

Complaints:

If you are not satisfied with the actions taken on your application for Plan First, you have the right to a fair hearing. You can ask for a fair hearing by calling 1-800-362-8312. If you use a TTY, call 1-800-xxx-xxxx. The call is free. You can also ask for a fair hearing by writing to:




Department of Public Health and Human Services
Office of Fair Hearings
PO Box 202953
Helena MT 59620-2953

Effective date

Plan First becomes effective on the first day of the month in which Plan First receives your application. For example, if Plan First receives your application on October 25 and you are found eligible, your family planning coverage begins October 1. You are covered for 12 months from the date your coverage begins unless you get other family planning coverage. You will receive a renewal application to renew your coverage before the end of the 12 month coverage period.

Proof of information

Plan First will randomly select some applications every month to verify the information on the applications. If your application is chosen, we will ask you to send the following documents:

-  If either you or your husband work, or if you both work, you will provide a copy of one pay stub received in the last 30 days from each job for each person. If one of you is self-employed, you will provide 30 days of detailed business records that include income and expenses.
-  If you or your husband pays child support, you will be asked to send proof of one payment made in the last 30 days.
-  You may be asked to send other documents that support the information on your application.

You will have 30 days to send the requested information to Plan First.

Submit completed application to:

Plan First
Address
City State Zip

Or you may apply online at: www.PlanFirst.mt.gov.

For more information or to receive assistance completing the application, call 1-800-xxx-xxxx.

Date _____

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